Health Literacy and Patient Discharge Process

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Do your
P A R T
Preventing Avoidable Readmissions Together

What is happening?

* Agency For Health Care Research and Quality
  * Project Reengineering Discharge (RED)
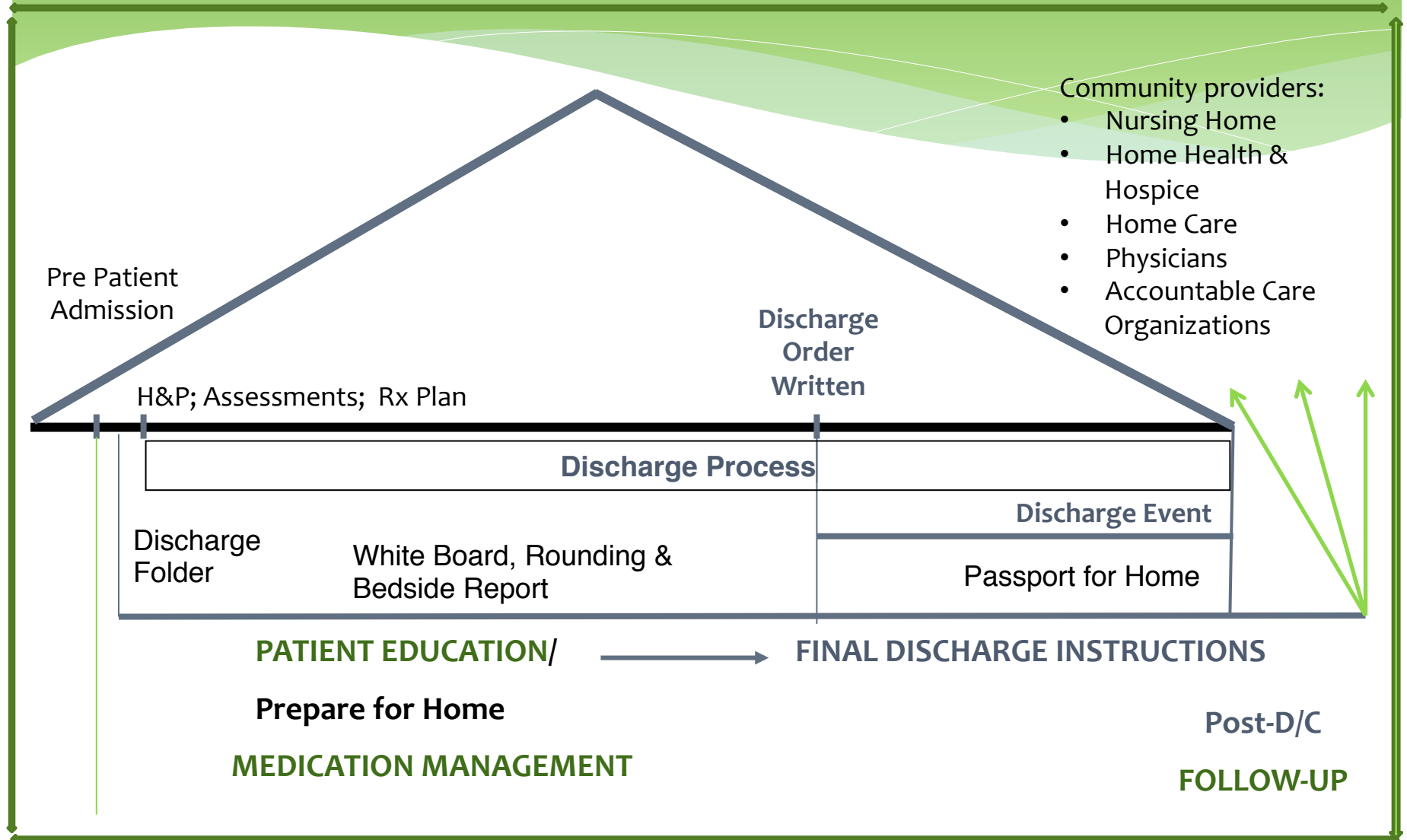 * Patient and Family Engagement – IDEAL Process

Patient and Family Centered Care

* Core concepts
  * Dignity and respect
  * Information sharing
  * Involvement
  * Collaboration

Why focus on discharge planning?

* Nearly 20 percent of patients experience an adverse event within a month of discharge, of which ¾ could be prevented
* Common complications post-discharge are adverse drug events, hospital-acquired infections, and procedural complications
* Many complications can be attributed to problems with discharge planning:
    * Changes in medicines before and after discharge
    * Inadequate preparation for patients and families
    * Disconnect between information giving and patient understanding
    * Discontinuity between inpatient and outpatient providers

Discharge Planning Process

Community providers:
- Nursing Home
- Home Health & Hospice
- Home Care
- Physicians
- Accountable Care Organizations

Pre Patient Admission

Discharge Order Written

H&P; Assessments; Rx Plan

Discharge Process

Discharge Event

Discharge Folder

White Board, Rounding & Bedside Report

Passport for Home

PATIENT EDUCATION/   →   FINAL DISCHARGE INSTRUCTIONS

Prepare for Home

Post-D/C

MEDICATION MANAGEMENT

FOLLOW-UP

Project RED

1. Ascertain need for and obtain language Assistance
2. Medication reconciliation
3. Reconcile discharge plan with national guidelines
4. Follow-up appointments
5. Outstanding tests
6. Post-discharge services
7. Written discharge plan
8. What to do if problem arises
9. Patient education
10. Assess patient understanding
11. Discharge summary sent to PCP
12. Telephone reinforcement

What is IDEAL Discharge Planning?

* **I**nclude the patient and family as full partners

* **D**iscuss with the patient and family five key areas
  to prevent problems at home

* **E**ducate the patient and family throughout
  the hospital stay

* **A**ssess how well doctors and nurses explain the diagnosis,
  condition, and next steps in their care and use teach back

* **L**isten to and honor the patient and family's goals,
  preferences, observations, and concerns

AHRQ Resource Links

* http://www.ahrq.gov/professionals/systems/hospital/medicaidreadmitguide/index.html

* http://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/strategy4/index.html